## PART B - FEE(S) TRANSMITTAL

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| appropriate. All further   | correspondence includi<br>ed below or directed ot                       | ng the Patent, advance o  | orders and notification of r  | naintenance fees v   | vill he n | vailed to the current | hould be completed where correspondence address as arate "FEE ADDRESS" for |  |
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| 48940<br>FITCH EVEN<br>120 S. LASALL<br>SUITE 1600   |   | have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |   |  |           |                       |  |  |
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| APPLICATION NO.  | FILING DATE   |   | FIRST NAMED INVENTOR  |  | ATTOR     | NEY DOCKET NO.        | CONFIRMATION NO.   |  |
| 10/763,908   | 10/763,908 01/23/2004   |   | Andrew Halliday   | 1410/67639   |           | 1410/67639            | 7753   |  |
| TITLE OF INVENTION SYSTEM  | N: CARTRIDGE SYS  | FEM FOR THE PREPA   | ARATION OF BEVERAC  | GES AND METH   | IOD OF    | MANUFACTURIN          | NG SAID  |  |
| APPLN. TYPE  | SMALL ENTITY  | ISSUE FEE DUE   | PUBLICATION FEE DUE   | PREV. PAID ISSU  | E FEE     | TOTAL FEE(S) DUE      | DATE DUE   |  |
| nonprovisional   | NO  | \$1510  | \$300   | \$0  |           | \$1810                | 03/12/2009   |  |
| EXAMINER   |   | ART UNIT  | CLASS-SUBCLASS  |  |           |                       |  |  |
| ALEXANDER  | , REGINALD  | 3742  | 426-112000  |  |           |                       |  |  |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol> |   |   | or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attor listed, no name will be p  | the names of up to 3 registered patent attorneys ents OR, alternatively, the name of a single firm (having as a member a tered attorney or agent) and the names of up to istered patent attorneys or agents. If no name is it, no name will be printed.  1 Fitch, Even, Tabir 2 & Flannery 3 |           |                       |  |  |
| PLEASE NOTE: Unle  | ess an assignee is identi<br>in 37 CFR 3.11. Comp                       | fied below, no assignee   | THE PATENT (print or typ<br>data will appear on the pa<br>I a substitute for filing an a<br>(B) RESIDENCE: (CITY  | tent. If an assignessignment.  |           |                       | ocument has been filed for   |  |
| Kraf   | t Foods R 8   | D, Inc.   | Germany   |  |           |                       |  |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 😾 Corporation or other private group entity 🗀 Government  |   |   |   |  |           |                       |  |  |
| 4a, The following fee(s) a Issue Fee Publication Fee (No Advance Order - #   | o small entity discount p   | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1135(enclose an extra copy of this form).  |   |  |           |                       |  |  |
| 5. Change in Entity State  | •   | above)  |   |  |           |                       |  |  |
|  | SMALL ENTITY status Publication Fee (if requectords of the United State | ired) will not be accepted  | b. Applicant is no long from anyone other than the Office.  |  |           |                       |  |  |
| Authorized Signature _   | Joseph E  | Sh 5  |   | Date <u>M</u> a  | rch       | 12,2009               |  |  |
| •• •   | Joseph E.   |   |   | Registration N   |           |                       |  |  |
| Alexandria, Virginia 2231.   | 3-1450.   | OLIVE I ELE OR C  | n is required to obtain or re<br>.14. This collection is esting<br>depending upon the indivi-<br>chief Information Officer<br>OMPLETED FORMS TO<br>cond to a collection of infor- | THIS ADDICESS.   | . SEND    | io. Commissioner i    | or Faterits, F.O. Box 1430,  |  |

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